0945-6371

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

P1456311

| CLAIMS AS FILED - PAH I (Column 2) (Column 2) | | | | | | | | | SMALL ENTITY TYPE | | OR | OTHER THAN OR SMALL ENTITY | |
|---|--|----------|-----------------------------------|-----------------------|------|--|-------------------|---------|--------------------|------------------------|--------|----------------------------|------------------------|
| FOR | | | NUMBER FILED | | | NUMBER EXTRA | | | RATE | FEE | | RATE | FEE |
| ВА | SIC FEE | | | | | | | | | 380.00 | OR | | 760.00 |
| то | TAL CLAIMS | 17 | () minus 20= | | | * | | | X\$ 9= | | OR | X\$18= | |
| IND | EPENDENT CL | AIMS | minus 3 = | | | * | | | X39= | | OR | X78= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | | +130= | | OR | +260= | luo |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | | TOTAL | | OR | TOTAL | 1010 |
| CLAIMS AS AMENDED - PART II | | | | | | | | | SMALL ENTITY | | | OTHER THAN SMALL ENTITY | |
| Ь, | (Column 1) (Column 2) (Column 3) | | | | | | | | SMALL | | OR | OMALL: | |
| AMENDMENT | | REN | AIMS IAINING FTER NOMENT | | PI | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | addi- Tional Fee | | RATE | ADDI- TIONAL FEE |
| | Total | * | 6 | Minus | 20 | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | . 2 | | Minus | ** | <u> </u> | = | | X39= | | OR | X78= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | +130= | | OR | +260= | |
| TOTAL | | | | | | | | | | | OR | TOTAL | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | DDIT. FEE | | JO | ADDIT. FEE | |
| - | (15)27 SQL 1844 | | AIMS | 145 PK VK 1 | | HIGHEST | (Column 3) | l - | | | | - | |
| AMENDMENT B | | REN A | IAINING FTER NOMENT | | P | NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | 5 | Minus | ** | 6 | - Φ | | X\$ 9= | | OR | X\$18= | |
| | Independent | ALTATI | / | Minus MULTIPLE DEP | | * 2 | 1=0 | | X39= | | OR | X78= | |
| ┝ | rinoi Frese | NIA | ON OF M | ULTIFLE DEF | EN | DENT CLAIM | | ۱ ۲ | +130= | | OR | +260= | |
| | | | | | | | | | | | OR | TOTAL ADDIT, FEE | |
| L | | | umn 1) | | (0 | Column 2) | (Column 3) | | DDIT. FEE I | | | | |
| AMENDMENT C | | REN | AIMS IAINING FTER NOMENT | | 1 | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | | Minus | ** | | = · | | X\$ 9= | | OR | X\$18= | |
| | Independent | * | | Minus | ** | A | * | | X39= | | OR | X78= | |
| _ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | | On | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | | OR | +260= | |
| | If the "Highest Nu If the "Highest Nu | mber Pr | eviously P | aid For IN THI | S SP | ACE is less tha | n 20, enter "20." | · AI | TOTAL DOIT, FEE | | OR , | TOTAL ADDIT. FEE | |
| | ir the "Highest Nun The "Highest Nun | | | | | | | er four | nd in the app | oropriate box | in col | umn 1. | |